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Division	of Health Service Re	egulation				
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING; 01		(X3) DATE SURVEY COMPLETED		
		FCL090036	B. WING		12/	11/2014
NAME OF E	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE		
LIBERTY	FAMILY CARE	W	(HAW HWY , NC 28173			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	YEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X6) COMPLETE DATE
C 000	Initial Comments		C 000			
	Report by Suzanna	Fay		CONSTRUCTION SECT	TON	
	DHSR Construction Section conducted a Biennial Survey on December 11, 2014 at the above referenced facility. DHSR records indicate the home was first licensed on June 16, 2012 as a Family Care Home for up to three non-ambulatory Residents (unable to evacuate and respond without any physical or verbal assistance during a fire or other emergency). Based on this information we are requiring the home to maintain compliance with the following: the 2005 Rules 10A NCAC 13G for Family Care Homes and the 2009 North Carolina State Building Code - Residential (One & Two Family Dwelling) - Section R101.2.			FEB 1 2 2015		
				RECEIVED		
				New construction will not begin til them and	-	
		isit, we cited deficiencles that ble plan of correction. They		beginning of 20 will let you	016	
C 108	Existing Home Remodeling-Submit Plans		C 108	ast you		
	have new construct changes done to the submitted by the over prepresentative to the	on DESIGN AND sensed home that plans to sion, remodeling or physical e facility shall have drawings oner or his appointed e Division of Health Service awand approval prior to the work.		will be or		
idimion al IV	 The Provider sta 	ited that they intended to facility onto the home. Submit				
	DIRECTOR'S OR PROVID	ERVSUPPLIER REPRESENTATIVE'S SIGN		TITLE		(X8) DATE
TATE FORM	(pe cell (1	aca A		STrator 2	10-15	sion sheet 1 of
41 - 4 - 44/10			(ZUNNE!		The second

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Division	of Health Service Re	egulation			FORM	AFFROVED
STATEMEN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE	SURVEY
		in and it is a second of the s	A. BUILDING:	01	COMP	ic, ab
		FCL090036	B. WING		12/1	1/2014
NAME OF	PROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, :	STATE, ZIP CODE		
LIBERTY	FAMILY CARE		HAW HWY NC 28173			
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	N .	(X6)
PRÉFIX YAG		MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)		COMPLETE DATE
C 108	Continued From pa	ge 1	C 108			
	Note: unless the active the existing facility of	al to DHSR/Construction. idition is a separate structure, would have to meet the current NCSBC and the licensing				
C 109	Construction-Two S	tories	C 109			
	meet the following r (1) Each floor shall feet in area if existir construction, shall r for R-4 occupancy i Building Code; (2) Aged or disable housed on any floor (3) Required resid- located on any floor and (4) A complete fire stations on each flo which are audible th provided. The fire a transmit an automal emergency fire depo	two stories in height, it shall equirements: I be less than 2500 square in geonstruction or, if new not exceed the allowable area in the North Carolina State ad persons are not to be above or below grade level; ent facilities are not to be above or below grade level; alarm system with pull or and sounding devices incughout the building shall be alarm system shall be able to tic signal to the local artment dispatch center, ough a central station		Smoke detectors will be unstall upstairs in bedroms by 3-1:	[ad] 5-15	
	During the survey, t mode. All of the sm with smoke check.	t as evidenced by: stem is a monitored system, he system was placed in test oke detectors were sprayed Only a few of the heads				

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Division	Division of Health Service Regulation							
SYATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY				
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING: 01		COMPLETED				
		E-01 000000	B. WING		42/4/	1/2044		
		FCL090036	D. 17110		12/11	/2014		
NAME OF E	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, 5	STATE, ZIP CODE				
TOTAL OF T	MOTIBLE ON SUFFEE			Thirty and the second				
LIBERTY	FAMILY CARE		YWH WAH			- 1		
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	WAXHAW	NC 28173					
(X4) ID		TEMENT OF DEFICIENCIES	al	PROVIDER'S PLAN OF CORRECTION		(3(5)		
PREFIX		MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROPRIES.		COMPLETE DATE		
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	DEFICIENCY)	TWITE	01110		
			-					
C 109	Continued From pa	ne 2	C 109			1		
0 ,		_			ĺ	- 1		
1		nly because the heads were	1		1			
- 1	set off too quickly b	etween alarms and normally,						
	they all set off the c	entral alarm. Verify that the						
	system is working p				1			
	-,					l		
ì	2. The home has a	in approved keypad system				l		
	instead of null elatio	ons on each floor. This was						
		equirement that a sign be						
i								
1		pad in 1" tall red letters stating,						
		ss * (or the symbol on the						
i		t these signs are posted or						
		Provide verification of the						
1	deficiency.							
C 117	Have Current San	And Fire Safety Approvals	C 117			- 1		
0 111	nave Current San.	Allo File dalety Approvals						
	SECTION .0300 - 1	THE BUILDING						
		302 DESIGN AND						
	CONSTRUCTION							
		Il have current sanitation and						
	fire and building safety inspection reports which							
	shall be maintained in the home and available for							
	review.							
	This Rule is not me	et as evidenced by:		Fire inspection				
	 The Provider co 	uld not locate the current Fire		Mire inspection				
	Inspection Report	Provide a copy of the most						
	recent fire inspection	on to DHSR/Construction		had be done				
		ned Plan of Corrections.		~ ,				
	Social Hill ald als	himma signa da de distribution		immediately af	4 - 1			
		er is Domester	0.440	(Mnediatery a)	14			
C 148	Outside Entrances/	Exits-Ramp(8)	C 146	doctodors are installed upsta				
				dostribus our				
	SECTION .0300 - 1			1.				
	10A NCAC 13G .03	312 OUTSIDE ENTRANCE		unstalled ups to	45 .			
	AND EXITS			1				
	(c) At least one principal outside entrance/exit							
	for the residents' use shall be at grade level or		1					
		with a one inch rise for each						
		of the ramp. For the	Ì					
	12 inches of length	or the ramp. For the						

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: 01 B. WING FCL090036 12/11/2014 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 9937 WAXHAW HWY LIBERTY FAMILY CARE WAXHAW, NC 28173 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (XE) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) C 148 Continued From page 3 C 146 purposes of this Rule, a principal outside entrance/exit is one that is most often used by residents for vehicular access. If the home has any resident that must have physical assistance with evacuation, the home shall have two outside entrances/exits at grade level or accessible by a ramp. the second ramp is being worked on. Takes fine w/ inspections + cooler weather This Rule is not met as evidenced by: The facility currently has one non-ambulatory. Resident. Only one of the exits is accessible. Provide a second exit that is at grade or accessible by a handicap ramp. Pull all necessary permits to construct the ramp. Provide documentation of the work. C 153 Houskeeping And Furnishings-Clean, Repaired C 153 SECTION .0300 - THE BUILDING completion by 10A NCAC 13G .0315 HOUSEKEEPING AND FURNISHINGS (a) Each family care home shall; (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair; (2) have no chronic unpleasant odors; have furniture clean and in good repair; (e) This Rule shall apply to new and existing homes. Cleaning is done douby - inspector come morning before cleaning was This Rule Is not met as evidenced by: The Resident bathroom had a strong urine odor. Clean the bathroom to eliminate the odor and take any precautions to prevent this from becoming a chronic problem. C 169 Fire Safety-Smoke Detectors C 169 completed. SECTION .0300 - THE BUILDING 10A NCAC 13G .0316 FIRE SAFETY AND

Committee of the committee of

Division of Health Service Regulation

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AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	NUMBER: (X2) MULTIPLE CONSTRUCTION A. BUILDING: 01		(X3) DATE SURVEY COMPLETED				
	FCL090036	B. WING		12/11/2014				
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE								
LIBERTY FAMILY CARE 9937 WAXHAW HWY WAXHAW, NC 28173								
(X4) ID SUMMARY STA		ID	PROVIDER'S PLAN OF CORRECTIO					
PREFIX (EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE COMPLETE				
C 169 Continued From pa	ge 4	C 169						
PRITY FAMILY CARE 9937 WAX WAXHAW () ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			Alarm Force Contracted 1-9-13 All detectors we properly For more info call 866-267-20					

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Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: 01 B. WING FCL090036 12/11/2014 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 9937 WAXHAW HWY LIBERTY FAMILY CARE WAXHAW, NC 28173 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (205)PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) DATE CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) C 174 Continued From page 5 C 174 C 174 Building Equipment Maintained Safe, Operating C 174 SECTION .0300 - THE BUILDING 10A NCAC 13G .0317 BUILDING SERVICE EQUIPMENT (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in a family care home shall be maintained in a safe and operating condition. This Rule shall apply to new and existing family care homes. This Rule is not met as evidenced by: Newfixture bought 1. The overhead light fixture in the shower of the 1-2615 Residents' bathroom was not secure to the ceiling. Secure the fixture. 2. Some of the trim around the door of the stair at the kitchen had fallen off. Contract a qualified Trim bought installed 1-20+15 vendor to install the missing trim. The laundry room was relocated and the exterior opening at the old location was open. 1.20-15 Closed went Contract a qualified vendor to seal or patch the opening. Provide verification of the repairs. There is some damaged siding along the back of the facility over the sunroom and along the bottom edge to the right of the sunroom. completed by Contract a qualified vendor to replace the damaged siding. Provide documentation of the repairs. The electric panel in the basement was not Labels on fuse labeled. Contract a licensed electrician to properly label the panel. boxes being worked On